

TRAUMA LEAVES CHILDREN BEHIND

*Improving Educational Outcomes for Students
Exposed to Violence and Trauma*

Cognitive Behavioral Intervention for Trauma in Schools – CBITS

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Crisis Counseling & Intervention Services

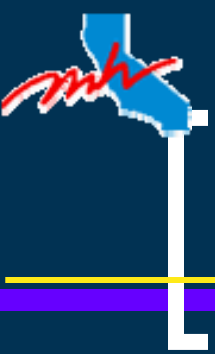
Los Angeles Unified School District

**LAUSD/RAND/UCLA Trauma Services Adaptation Center for Schools and
Communities**

National Child Traumatic Stress Network

Bringing Evidence-Based Treatment to Schools

- Cognitive Behavior Therapy (CBT) in school setting:
 - Acceptable – Teaching and Learning Curriculum
 - Feasible – Can be taught to existing staff
 - Amenable to group structure
 - Focus on building skill
 - Empowering



Mental Health Services Act (MHSA)

CBITS was developed by and for diverse and underserved groups of children

- **Underserved Cultural Populations** – Latino, African American and Immigrant Students (Spanish, Korean, Armenian, Russian, Hmong, and other Southeast Asian groups), Native Americans
- **Individuals Experiencing Onset of Serious Psychiatric Illness**
Effective at age 11 – first onset of PTSD
- **Children/Youth in Stressed Families** – Low Socio-Economic Status, high crime
- **Trauma-Exposed** – Multiple exposures to community violence
- **Children/Youth at Risk for School Failure** – Grades, absenteeism
- **Children and Youth at Risk of Juvenile Justice Involvement** – Modifications for Youth in Probation Camps

AACAP* Practice Parameters: Recommendations - CBITS

Cognitive Behavioral Intervention for Trauma in Schools – CBITS
is

- “Based on the best available science”
- Developed for the school setting by bilingual, bicultural school social workers in partnership with university researchers
- Designed for children and families of diverse ethnic and social backgrounds based on many years of input from multicultural groups of parents, teachers, administrators and trauma survivors
- All aspects of the program, including screening instruments, the child, parent and teacher interventions have been modified by input from focus groups of students, parents, teachers and administrators

CBITS Is a ***Product of a Participatory Research Partnership*** between school mental health professionals and researchers

- LAUSD Crisis Counseling and Intervention Services
- RAND Health
- UCLA Health Services Research Center
- UCLA Anxiety Disorders Clinic

CBITS was developed for use in schools as an early intervention for underserved minority youth

- CBITS is provided by school-based clinicians
- CBITS is framed as a “curriculum” not mental health treatment
- CBITS is implemented within the regular school day
 - Sessions occur during one class period – with teacher’s approval
 - Can be flexible with school schedule
 - Minimal burden on teachers
- Easy identification of students for the program
 - Short screening questionnaire filled out by students

Screening Children for Violence Exposure and Trauma Symptoms

- Sample questions about violence exposure:
 - Have **you** been beaten up *at school*?
 - Have you seen someone pointing a *real* gun at **someone else**?
- Sample questions about trauma:
 - Have you been having nightmares about the event?
 - Have you been avoiding things that remind you of the event?
 - Have you been jumpy or easily startled?

Goals of CBITS bring together the goals of Mental Health and Education

■ Symptom Reduction

- PTSD symptoms
- General anxiety
- Depressive symptoms
- Low self-esteem
- Behavioral problems
- Aggressive and impulsive

■ Build Resilience

■ Peer and Parent Support

■ Increase School Attendance

■ Reduce the Rate of School Failure





Theory Underlying CBITS

[2,000 Years Ago]

**The philosopher Epictetus
said:**

**“The thing that upsets people
is not what happens
but what they think it
means.”**

What you
think

What you
feel

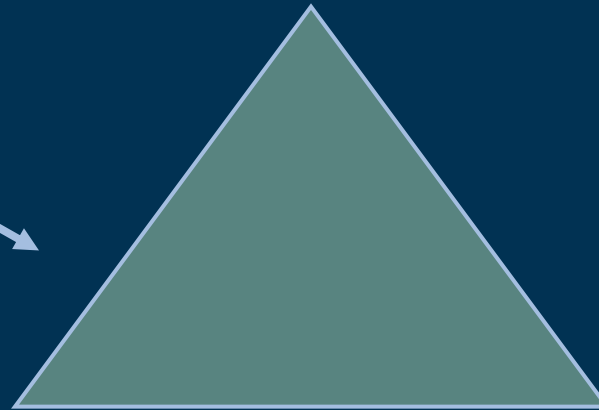
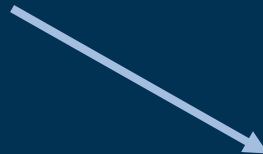
What you do

One Conceptual Model for Behavior

Conceptual model for CBITS (Session 1)

**Traumatic
Event/
Traumatic
Stress**

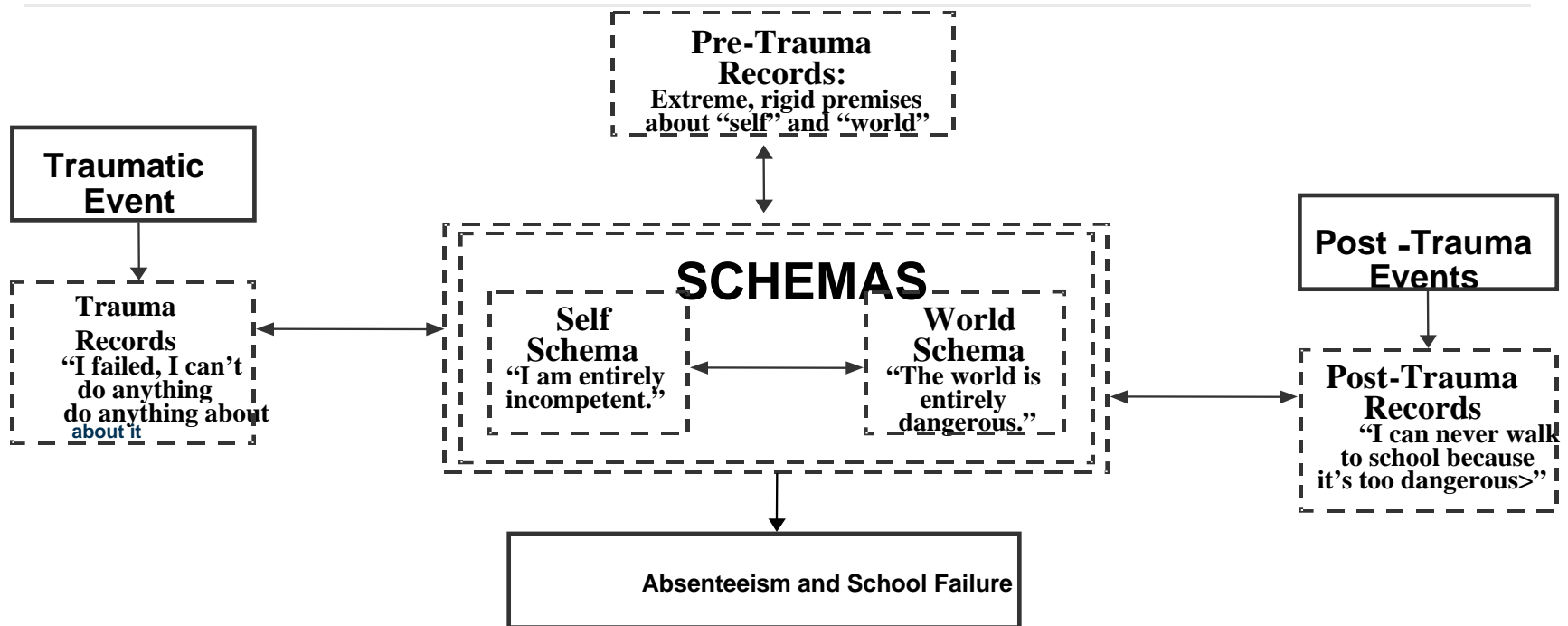
What we think



What we do

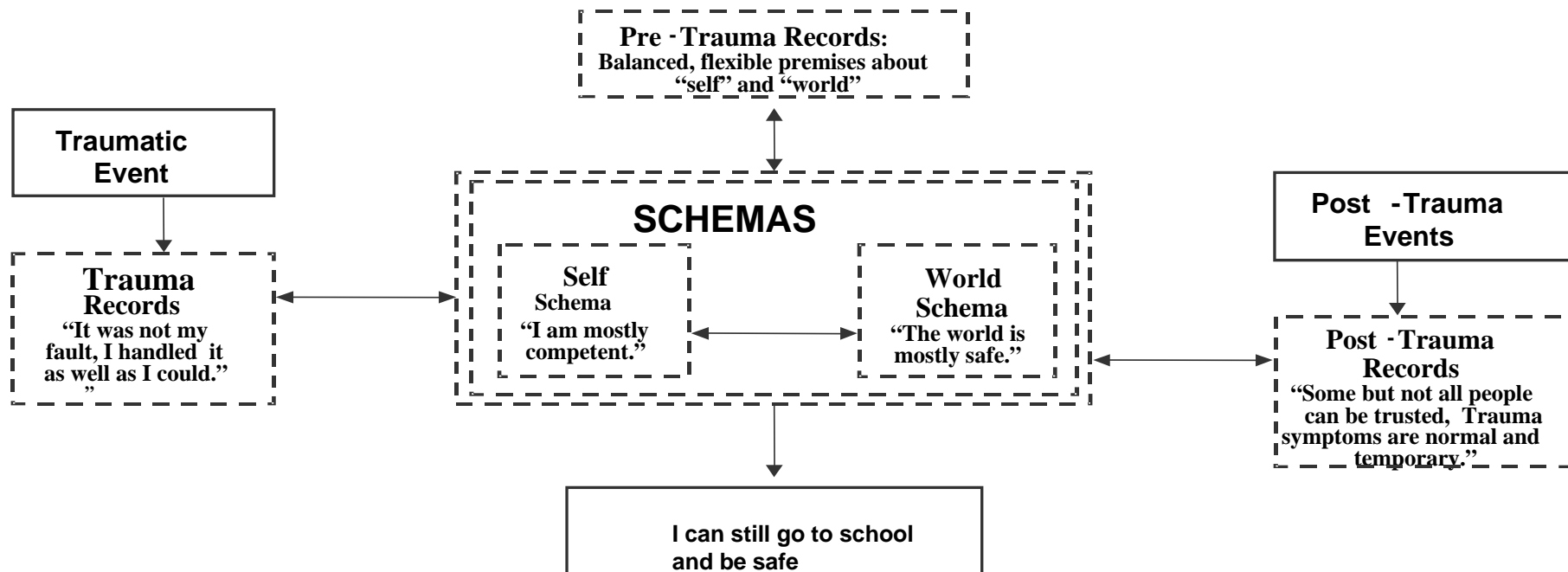
How we feel

Schematic model underlying Trauma



Modified From: Foa, E. B. & Jaycox, L. H. (1999.) Cognitive-behavioral treatment of post-traumatic stress disorder. In Spiegel, D. (Ed.) Efficacy and Cost-Effectiveness of Psychotherapy. Washington, DC: American Psychiatric Press.

Schematic model of Resilience



Modified From: Foa, E. B. & Jaycox, L. H. (1999.) Cognitive-behavioral treatment of post-traumatic stress disorder. In Spiegel, D. (Ed.) Efficacy and Cost-Effectiveness of Psychotherapy. Washington, DC: American Psychiatric Press.

CBITS: Key Program Components

- Educating students about trauma and common symptoms
- Relaxation training and the fear thermometer
- Affective Modulation Skills – Feeling Identification, Positive Self Talk, Thought Interruption and Positive Imagery
- Cognitive Coping and Processing – Recognizing the Relationship between Thoughts Feelings and Behaviors

CBITS: Key Program Components

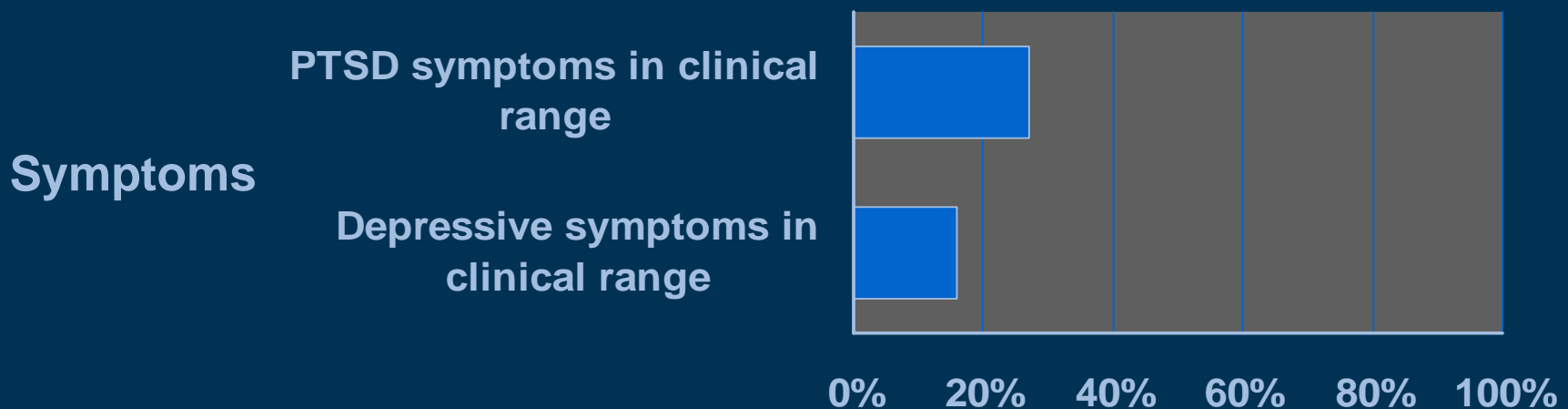
- Helping the student tell his story
 - **Correcting cognitive distortions**
 - **Placing the experience within the context of the child's life**
- Working through Trauma Reminders
- Conjoint Child-Parent Sessions
- Enhancing Future Safety and Development

Parents and Teacher Education Sessions

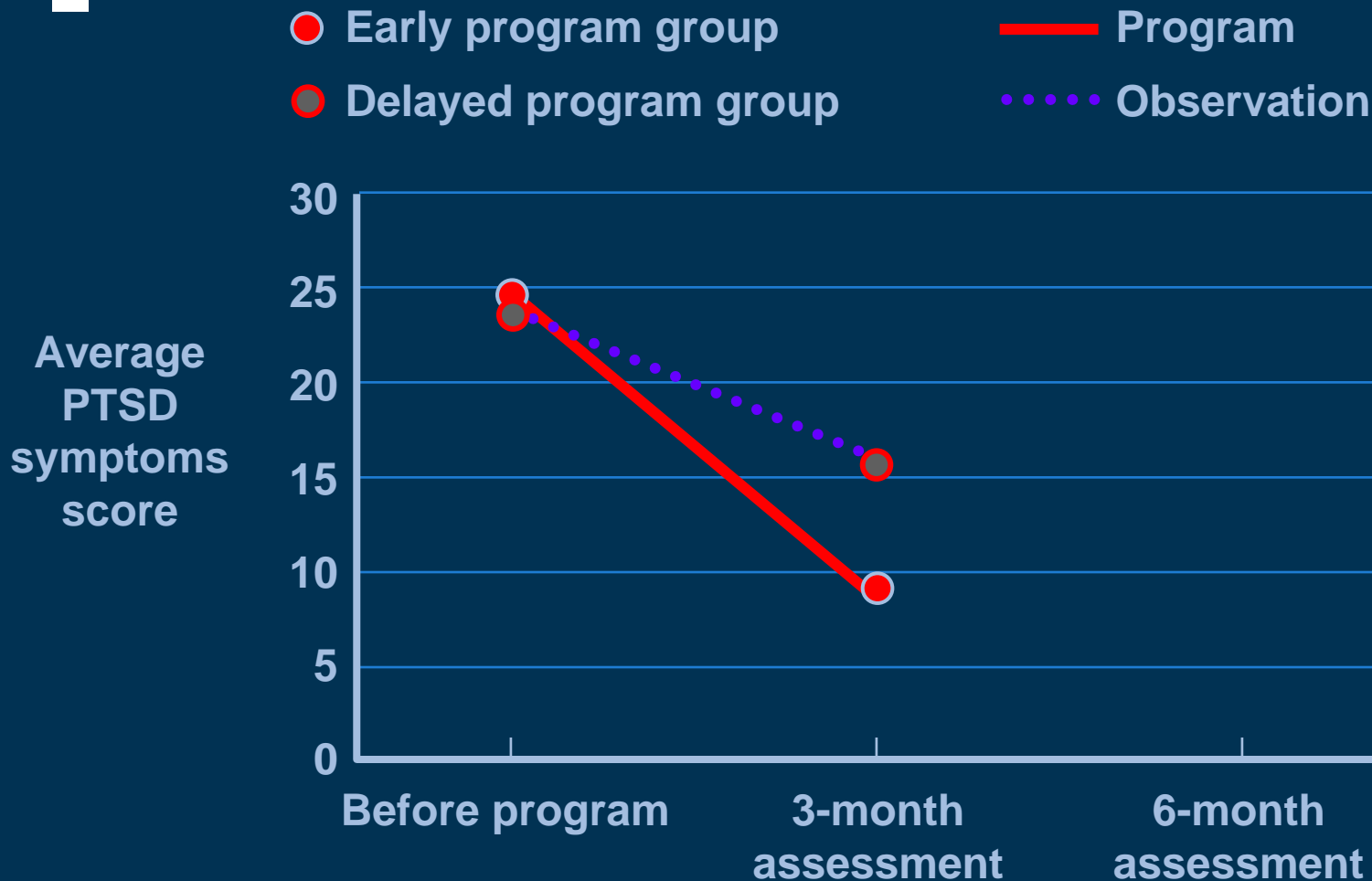
- Parent Education Sessions
 - 2 sessions related to CBITS
 - PTSD and Parenting Skills
 - 2 sessions relevant to other parent concerns
- Teacher Education Sessions
 - Overview of CBITS program
 - Tips for working with traumatized youth

Violence Exposure & Symptomatology

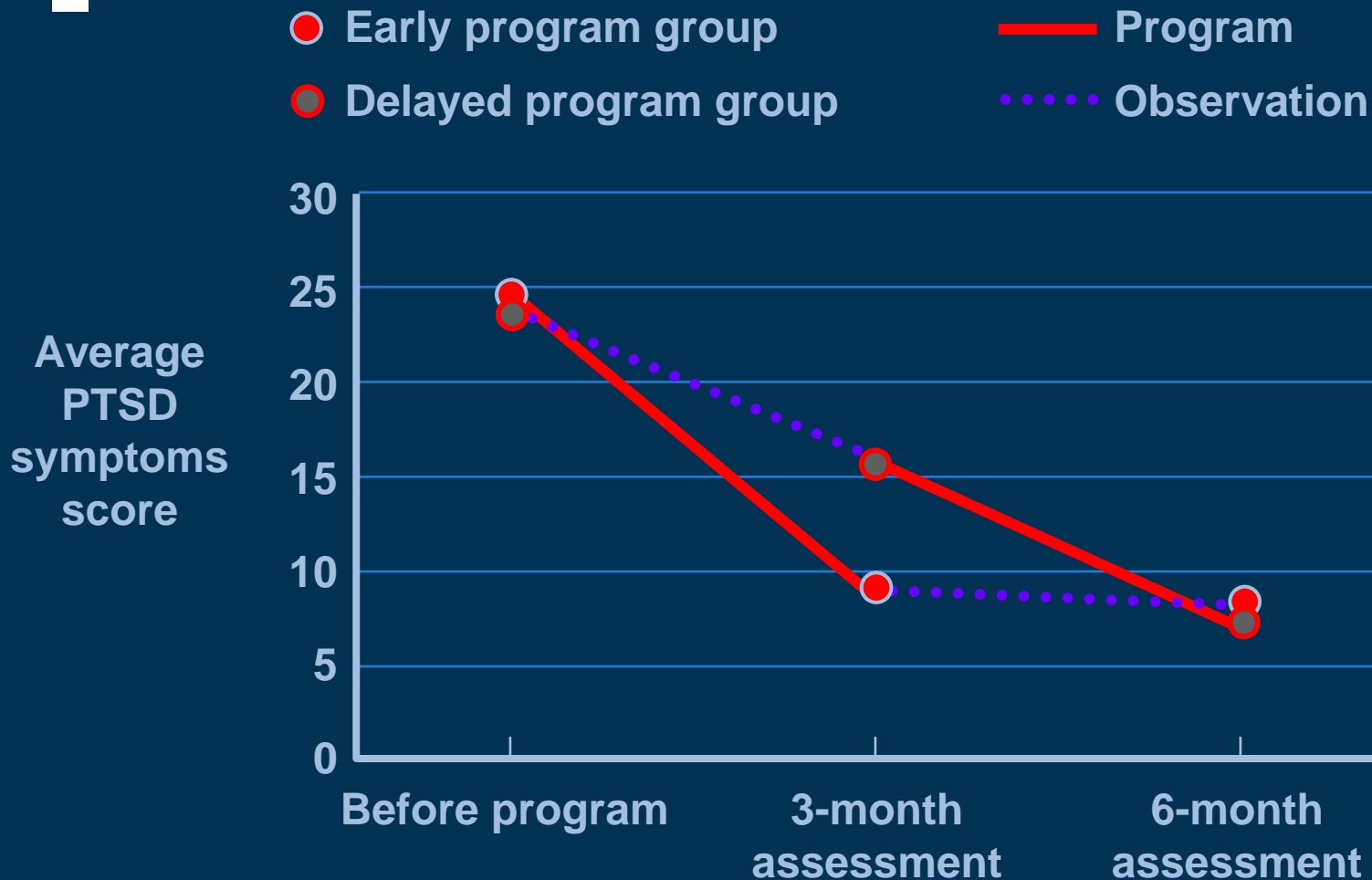
N= 770 LAUSD sixth graders (2004)



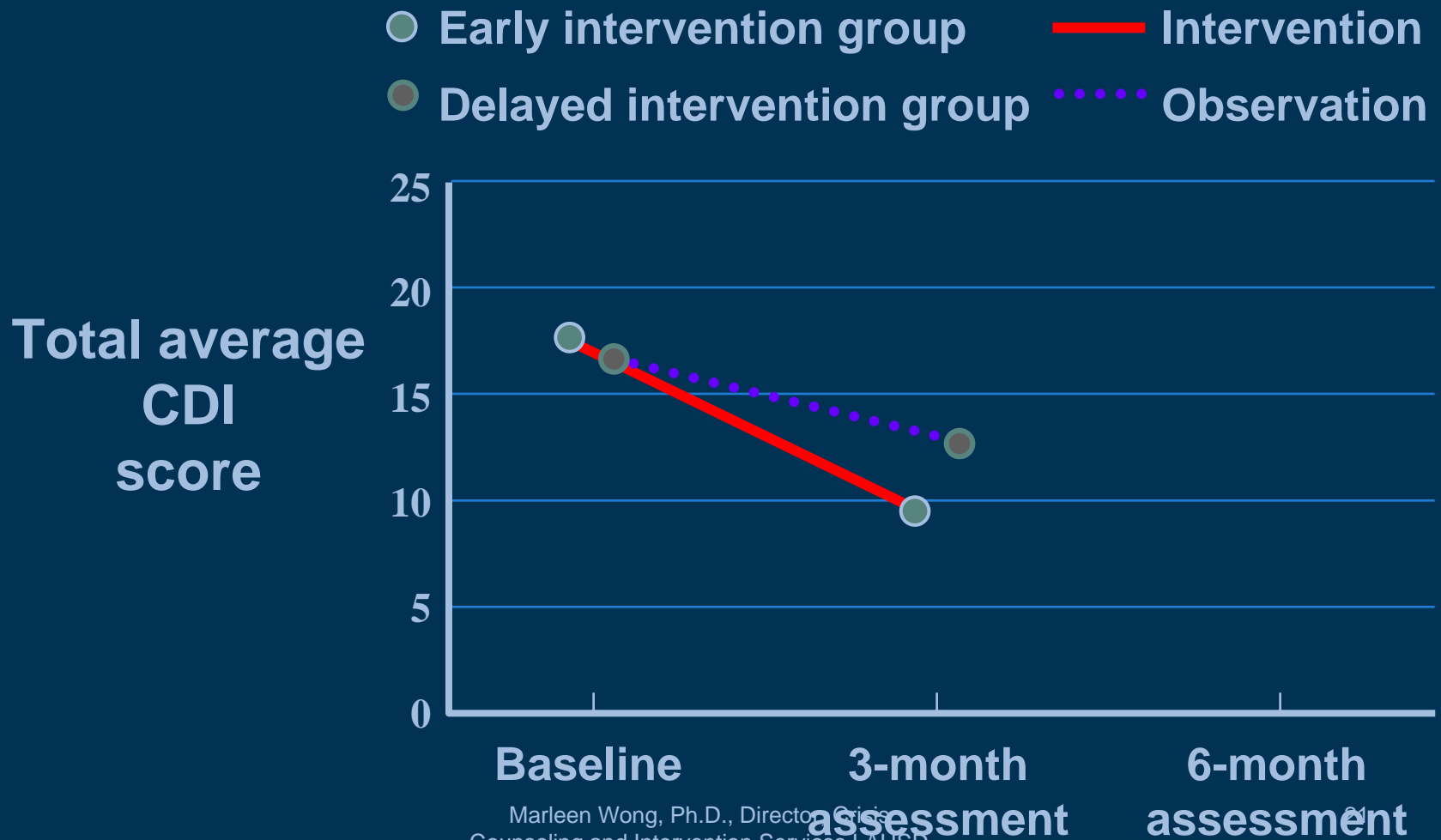
Treatment Improves Trauma Symptoms



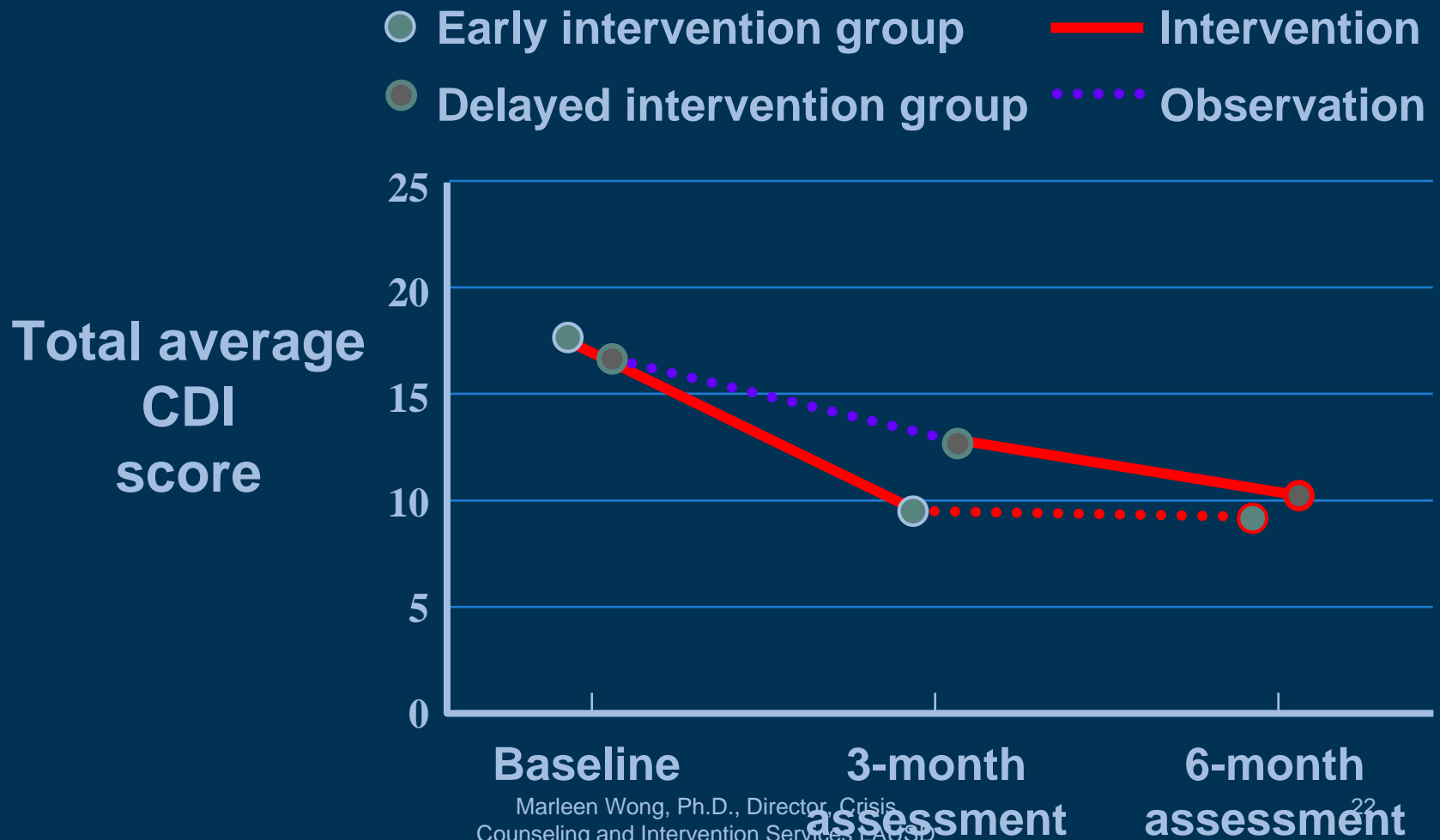
Improvement in PTSD Symptoms Lasts



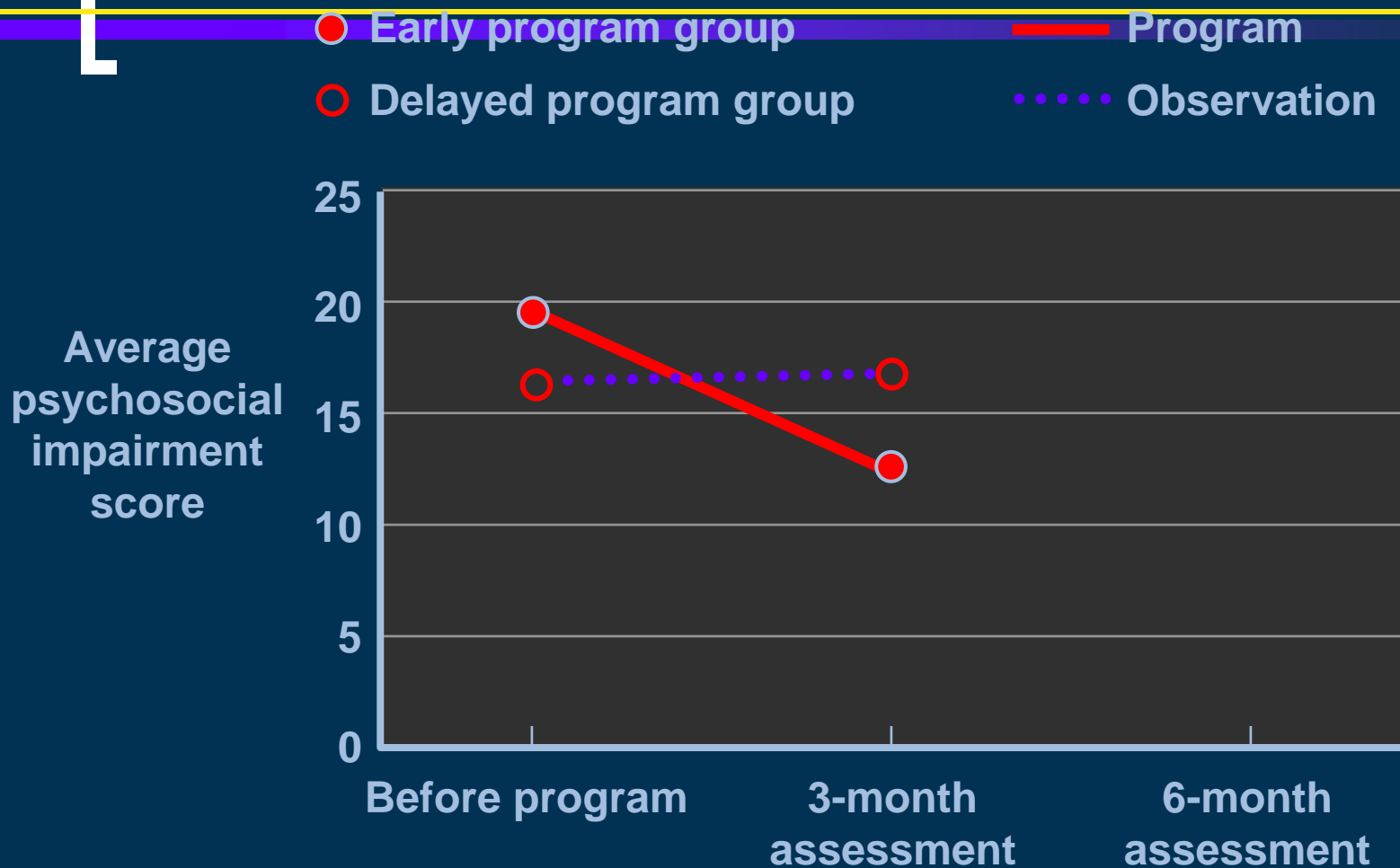
Treatment Improves Symptoms of Depression



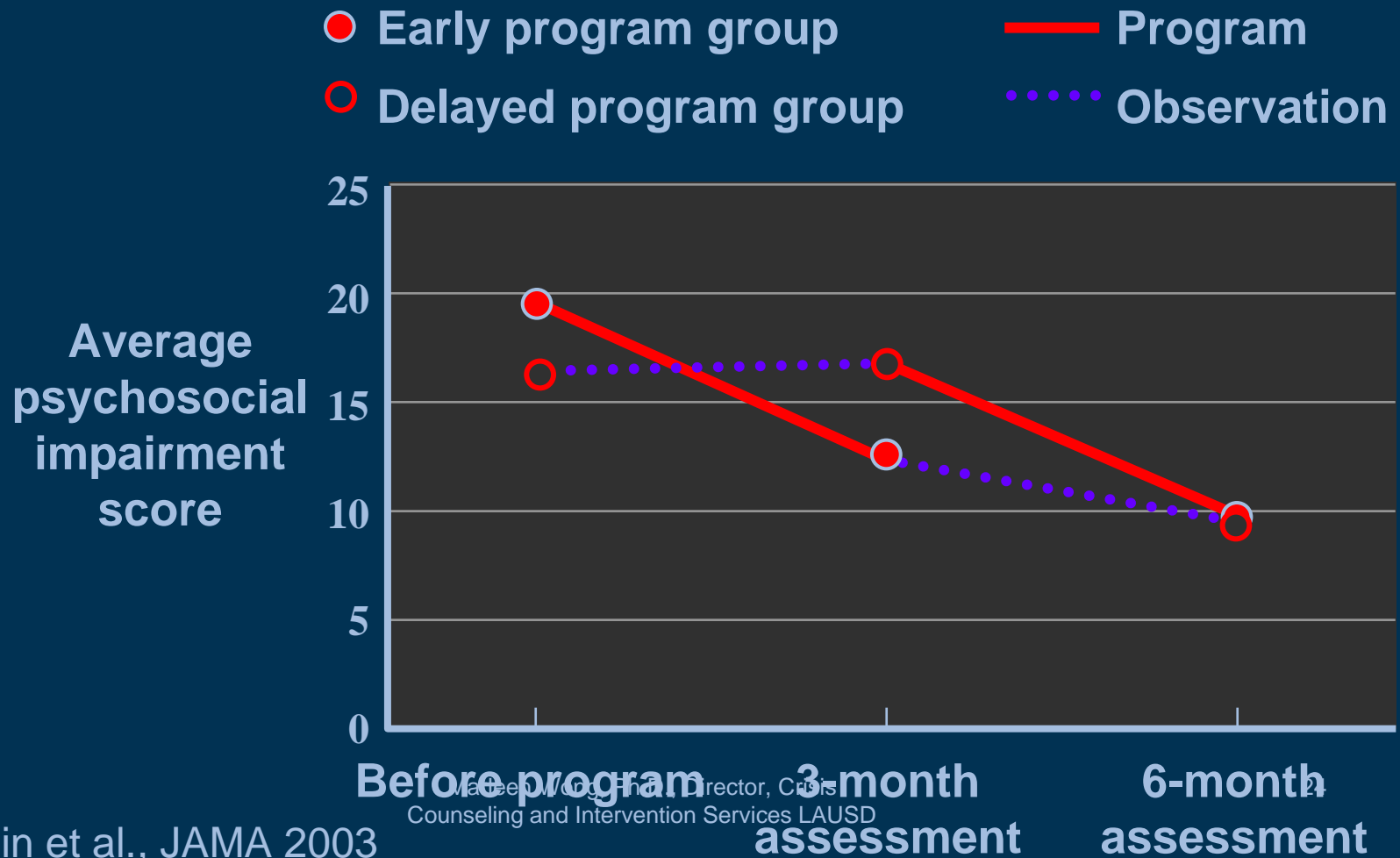
Improvement in Depressive Symptoms Lasts



Parents report children doing better



Improvements in Functioning Lasts



Motivating educators

- Discuss the impact of mental health problems in terms relevant to educators
 - **Academic achievement**
 - Grades and standardized tests
 - **Average Daily Attendance (ADA)**
 - Decreased attendance means less money
 - **Improving classroom behavior and performance**

[CBITS Trainings]

- Recommended that clinicians (school counselors, school psychologists, school social workers) with mental health training deliver CBITS
- Background reading material will be sent
Manual is ordered from the publisher
- Two-day intensive training - 2 trainers
@\$1500 each per day plus travel expenses
- Additional Optional Services/Costs – Phone Supervision, Fidelity Monitoring, Outcome Assessments/Reports/Program Consultation

[Train the Trainer Model]

- School Clinicians receive CBITS 2 day training
- Implement at least one group with ongoing case consultation
- Opportunity to participate in next training of new CBITS clinicians

Further reading

- Jaycox, L. (2004). Cognitive-Behavioral Intervention for Trauma in Schools. Longmont, CO: Sopris West Educational Services.
- Jaycox, L.H., Stein, B., Kataoka, S., Wong, M., Fink, A., Escudera, P. & Zaragoza, C. (2002). Violence exposure, PTSD, and depressive symptoms among recent immigrant school children. Journal of the American Academy of Child and Adolescent Psychiatry, 41(9): 1104-1110.
- Kataoka, S., Stein, B. D., Jaycox, L. H., Wong, M., Escudero, P., Tu, W., Zaragoza, C. & Fink, A. (2003). Effectiveness of a school-based mental health program for traumatized Latino immigrant children. Journal of the American Academy of Child and Adolescent Psychiatry, 42(3):311-318.
- Stein, B.D., Jaycox, L.H., Kataoka, S.H., Wong, M., Tu, W., Elliott, M.N. & Fink, A. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. Journal of the American Medical Association, 290(5): 603-11.

[CBITS as Recommended Practice]

- U.S. Department of Education: CBITS meets standards of the No Child Left Behind policy
- Recognized as evidence-based program by:
 - White House – Helping America's Youth
 - National Registry of Evidence-based Programs and Practices (NREPP)
 - Promising Practices Network
 - Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Is CBITS effective in delivering services to children in schools

In Jefferson Parish, Louisiana after Hurricane Katrina 118 students were randomized to CBITS or to a different clinic based treatment.

53 of 58 students randomized to CBITS completed all ten sessions

4 of the 60 students randomized to the different clinic based treatment completed the full course

[BIG TAKE HOME MESSAGE]

- Most well intentioned people just can't/won't get to the clinic – especially under survival circumstances like a disaster
- **Offering services in schools is crucial**
Because students attend schools (removes obstacles such as transportation, stigma, etc.)

President's New Freedom Commission on Mental Health

- **Bring Science to Services**
- **Build the knowledge base for the treatment of trauma**
- **Expand and enhance school-based mental health programs**

OTHER RESOURCES: RAND TRAUMA TOOLKIT FOR SCHOOLS

How Schools Can Help Students Recover from Traumatic Experiences

**WEBSITE: RAND HEALTH
SURVEYS AND TOOLS
HEALTH SECURITY
TRAUMA TOOLKIT FOR SCHOOLS**

**By: Lisa H. Jaycox, Lindsey K. Morse,
Terri Tanielian, Bradley D. Stein**

OTHER RESOURCES – PFA

Psychological First Aid – Teacher and Parent Friendly Versions

- Psychological First Aid for Students and Teachers
http://www.ready.gov/kids/_downloads/PFA_SchoolCrisis.pdf
- Psychological First Aid for Parents
http://www.ready.gov/kids/_downloads/PFA_Parents.pdf
- Psychological First Aid for Parents – Spanish version will be available next month!